



☐ REFERRED FOR ACTION
☐ ANSWER FOR MY SIGNATURE
☐ FOR FILE
☐ FOR YOUR INFORMATION
☐ FOR SIGNATURE
☐ RETURN TO ME
☐ PLEASE SEE ME
☐ PLEASE TELEPHONE ME
☐ FOR APPROVAL
☐ PLEASE ADVISE ME

BY _____ DATE _____
BY _____ DATE _____
BY _____ DATE _____

MINERAL LEASE
STATE AGENCY LEASE NO.*
STATE AGENCY TRACT NO.*
* PARISH

SUBJECT: *

 *

Please initial the attached copy and return to this office as receipt for our files.

cc: Deborah H. McKneely

RECOMMENDED FOR APPROVAL	DATE
RECOMMENDED FOR APPROVAL	DATE
RECOMMENDED FOR APPROVAL	DATE
APPROVED	DATE

AN EQUAL OPPORTUNITY EMPLOYER
A DRUG-FREE WORKPLACE